STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(x2) multiple construction	(X3) DATE SURVEY COMPLETED
	365022	a. building _____ b. wing _____	10/10/2018

name of provider or supplier	street address, city, state, zip code
HOSPITALITY CENTER FOR REHABILITATION AND HEALING	[redacted]ROE DRIVE XENIA OH, 45385

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETIO N
F 0000	INITIAL COMMENTS COMPLAINT INVESTIGATION MASTER COMPLAINT NUMBER OH00100305 and COMPLAINT NUMBER OH00100158. ADMINISTRATOR: Kayla Bartoli. #7146 CERTIFIED BED CAPACITY: 99 CENSUS: 77 MEDICARE: 7 MEDICAID: 40 OTHER: 30 The following deficiencies are based on the complaint investigation completed on 10/10/18.	F 0000		

laboratory director's or provider/supplier representative's signature | title [redacted] | (x6) date 11/02/2018

any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. for nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. if deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 0607 F 0607 SS=D	Continued From page 1 483.12(b)(1)-(3) Develop/Implement Abuse/Neglect Policies §483.12(b) The facility must develop and implement written policies and procedures that: §483.12(b)(1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property, §483.12(b)(2) Establish policies and procedures to investigate any such allegations, and §483.12(b)(3) Include training as required at paragraph §483.95, This STANDARD is not met as evidenced by: Based on clinical record review, review of an employee file, staff interview, review of facility self reported incidents (SRI's) and policy review, the facility failed to implement the abuse policy by immediately reporting to the Administrator and suspend staff following potential mistreatment/neglect of an unsafe transfer which resulted in a right femur fracture. This affected one (#1) out of three reviewed for accidents. The facility identified three SRI's in the past three months. Facility census was 77. Findings include: Review of the medical record for Resident #1 revealed she was admitted 01/16/16	F 0607 F 0607	On 10-11-2018, RNs, LPNs, STNAs, Social Services, Dietary, Housekeeping , Maintainence and Administrative staff were in-serviced by the Administrator on the Abuse Policy to ensure proper notification of any suspected abuse is communicated to the Administrator immediately. On 10-11-18, the Administrator was in-serviced by the VP of Operations on properly following the Abuse policy in reference to timely suspension of employees during an abuse investigation. On 10/11/2018, all residents were interviewed by the Administrator/designee for abuse, neglect and misappropriation with no incidental findings. Residents with a Bims score < 7 received a head to toe assessment by the Don/designee on 10/11/2018 with results documented on the facilitie's shower sheet. The DON/designee will interview 5 random residents 1x weekly x 4 weeks for abuse, neglect and misappropriation allegations. Residents with a Bims score <7 will have a head to toe skin assessment completed by the Don/designee with results documented on a shower sheet. RV	11/02/2018

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F 0607	Continued From page 2 with diagnoses including Alzheimer's disease, hypertension, glaucoma and degenerative joint disease. Review of the Minimum Data Set (MDS) assessment dated 09/09/18 revealed the resident had severely impaired cognition, was totally dependent on two staff for transfers, did not ambulate and had no recent falls. Review of the resident's care plan revealed a mechanical lift (hoyer) was initiated on 12/01/16 for all transfers. Review of the "Resident Care Card" used by the staff revealed the resident was totally dependent on staff for hoyer transfers. Review of the progress note dated 09/22/18 at 12:42 P.M. revealed Licensed Practical Nurse (LPN) #99's was informed that while Resident #1 was transferred from her bed to her wheelchair, the resident's right leg was bent backwards and she sat on her leg. The physician was notified and ordered an X-ray of the leg. The resident's daughter who was her power of attorney (POA) and Registered Nurse (RN) #97 who was the former Director of Nursing (DON) were also notified. The X ray result revealed a right distal femur fracture and the resident went to the hospital the morning of 09/23/18. Review of the employee file for State Tested Nursing Assistant (STNA) #98 revealed she was hired on 07/20/16 and	F 0607		

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F 0607	Continued From page 3 was an STNA in good standing. Review of the time card for STNA #98 revealed she continued to work after the incident on 09/22/18 until 7:19 P.M. and also on 09/23/18 from 7:08 A.M. to 7:07 P.M. Review of STNA #98's statement related to the incident revealed she "picked up the resident to do a one person pivot transfer from the bed to the wheelchair and accidentally sat the resident down on top of her leg". Interview with the Administrator on 10/10/18 at 12:30 P.M. verified on 09/22/18 at 11:30 A.M. STNA #98 completed an improper transfer by herself with Resident #1 without using the mechanical lift as required. The Administrator provided documentation that nine of the staff were provided with mechanical lift education that there should always be two staff using the hoyer lift on 09/24/18; however, the Administrator identified 18 STNAs and all the licensed nursing staff that were not provided with this training. The Administrator verified the improper transfer resulting in a femur fracture for the resident was not reported to her timely until the next day 09/23/18, STNA #98 was not suspended timely until the end of her shift on 09/23/18 at 7:07 P.M., and the nursing staff training was not completed. The Administrator verified the incident was not reported to the state agency as a SRI for potential mistreatment/abuse/neglect that resulted in a fracture for Resident #1 and	F 0607		

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F 0607	Continued From page 4 there was no staff training related to the abuse policy following this incident. Review of facility SRI's revealed the incident involving Resident #1 on 09/22/18 was not reported. Review of the policy titled "Abuse:Abuse Reporting Policy and Procedure" dated 01/01/16 revealed any person having knowledge of potential mistreatment, abuse, or neglect of a resident was responsible for reporting the incident to the Administrator. The Administrator reported the concern to the state agency within 24 hours and results of the investigation within five days. The investigation included appropriate corrective action such as staff training. The staff was immediately suspended during the investigation to protect resident from further harm. This deficiency is based on incidental findings discovered during the course of this complaint investigation.	F 0607		

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F 0609 F 0609 SS=D	Continued From page 5 483.12(c)(1)(4) Reporting of Alleged Violations §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This STANDARD is not met as evidenced by:	F 0609 F 0609	On 10-11-18, the Administrator was in-serviced by the VP of Operations on the Abuse policy and State Reportable Incidents. All residents were interviewed for abuse, neglect and misappropriation by the Administrator on 10/11/2018 with no incidental findings.Residents with a Bims score < 7 received a head to toe assessment with results documented on the facility shower sheet with no incidental findings. The Administrator reported the incident involving resident # 1 on 11/1/2018. All potential reportable incidents will be reviewed immediately by the Administrator and Regional Clinical Nurse. All reportable incidents will be submitted per CMS guidelines. All incidents will be reviewed by the Administrator and Director of Nursing daily to determine if it is a reportable incident and follow guidelines to appropriately report the incident. The process will be ongoing and tracked on the incident log.	11/02/2018

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F 0609	Continued From page 6 Based on medical record review, staff interview, review of facility self reported incidents (SRI's) and policy review, the facility failed to immediately report potential mistreatment/neglect to the Administer and state agency following an unsafe transfer by staff which resulted in a right femur fracture. This affected one (#1) out of three residents reviewed for accidents. The facility identified three SRI's in the past three months. Facility census was 77. Findings include: Review of the medical record for Resident #1 revealed the resident was admitted 01/16/16. Diagnoses include Alzheimer's disease, hypertension, glaucoma and degenerative joint disease. Review of the Minimum Data Set (MDS) assessment dated 09/09/18 revealed the resident had severely impaired cognition, was totally dependent on two staff for transfers, did not ambulate and had no recent falls. Review of the resident's care plan revealed a mechanical lift (Hoyer) was initiated on 12/01/16 for all transfers. Review of the "Resident Care Card" used by the staff revealed the resident was totally dependent on staff for Hoyer transfers. Review of the progress note dated 09/22/18 at 12:42 P.M. revealed Licensed	F 0609		

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F 0609	Continued From page 7 Practical Nurse (LPN) #99's was informed that while Resident #1 was transferred from her bed to her wheelchair, the resident's right leg was bent backwards and she sat on her leg. The physician was notified and ordered an X-ray of the leg. The resident's daughter who was her power of attorney (POA) and Registered Nurse (RN) #97 who was the former Director of Nursing (DON) were also notified. The X ray result revealed a right distal femur fracture and the resident went to the hospital the morning of 09/23/18. Interview with the Administrator on 10/10/18 at 12:30 P.M. verified on 09/22/18 at 11:30 A.M. STNA #98 completed an improper transfer by herself which resulted in a femur fracture for the resident was not reported to her timely until the next day 09/23/18. The Administrator verified the incident was not reported to the state agency as a SRI for potential mistreatment that resulted in a fracture for Resident #1 and there was no staff training related to the abuse policy following this incident. Review of facility SRI's revealed the incident involving Resident #1 on 09/22/18 was not reported. Review of the policy titled "Abuse:Abuse Reporting Policy and Procedure" dated 01/01/16 revealed any person having knowledge of potential mistreatment, abuse, or neglect of a resident was	F 0609		

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F 0609	Continued From page 8 responsible for reporting the incident to the Administrator. The Administrator reported the concern to the state agency within 24 hours and results of the investigation within five days. This deficiency is based on incidental findings discovered during the course of this complaint investigation.	F 0609		
F 0610 SS=D	483.12(c)(2)-(4) Investigate/Prevent/Correct Alleged Violation §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must: §483.12(c)(2) Have evidence that all alleged violations are thoroughly investigated. §483.12(c)(3) Prevent further potential abuse, neglect, exploitation, or mistreatment while the investigation is in progress. §483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This STANDARD is not met as evidenced by: Based on medical record review, review of	F 0610	On 10-11-18, RNs, LPNs and STNAs were in-serviced by the Administrator on the Abuse policy and Transfer/Lift policy. On 10-11-18 the Administrator was in-serviced by the VP of Operations on timely suspension of employees during an abuse investigation. All residents were interviewed for abuse, neglect and misappropriation with no incidental findings. All residents with a Bims score < 7 received a head to toe assessment on 10/11/2018 by the Don/designee with no incidental findings. The Administrator/designee will audit 1 x weekly x 4 weeks for allegations of Abuse ,neglect and misappropriation to ensure any employees involved in an allegation of abuse ar suspended timely.	11/02/2018

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F 0610	Continued From page 9 an employee file, staff interview and policy review, the facility failed to immediately suspend staff and complete staff training following potential mistreatment/neglect of an unsafe transfer which resulted in a right femur fracture. This affected one (#1) out of three reviewed for accidents. The facility identified three SRI's in the past three months. Facility census was 77. Findings include: Review of the medical record for Resident #1 revealed she was admitted 01/16/16. Diagnoses including Alzheimer's disease, hypertension, glaucoma and degenerative joint disease. Review of the Minimum Data Set (MDS) assessment dated 09/09/18 revealed the resident had severely impaired cognition, was totally dependent on two staff for transfers, did not ambulate and had no recent falls. Review of the resident's care plan revealed a mechanical lift (hoyer) was initiated on 12/01/16 for all transfers. Review of the "Resident Care Card" used by the staff revealed the resident was totally dependent on staff for hoyer transfers. Review of the progress note dated 09/22/18 at 12:42 P.M. revealed Licensed Practical Nurse (LPN) #99's was informed that while Resident #1 was transferred from her bed to her wheelchair, the	F 0610		

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F 0610	Continued From page 10 resident's right leg was bent backwards and she sat on her leg. The physician was notified and ordered an X-ray of the leg. The resident's daughter who was her power of attorney (POA) and Registered Nurse (RN) #97 who was the former Director of Nursing (DON) were also notified. The X ray result revealed a right distal femur fracture and the resident went to the hospital the morning of 09/23/18. Review of the employee file for State Tested Nursing Assistant (STNA) #98 revealed she was hired on 07/20/16 and was an STNA in good standing. Review of the time card for STNA #98 revealed she continued to work after the incident on 09/22/18 until 7:19 P.M. and also on 09/23/18 from 7:08 A.M. to 7:07 P.M. Review of STNA #98's statement related to the incident revealed she "picked up the resident to do a one person pivot transfer from the bed to the wheelchair and accidentally sat the resident down on top of her leg". Interview with the Administrator on 10/10/18 at 12:30 P.M. verified on 09/22/18 at 11:30 A.M. STNA #98 completed an improper transfer by herself with Resident #1 without using the mechanical lift as required. The Administrator provided documentation that nine of the staff were provided with mechanical lift education that there should always be two staff using the hoyer lift on 09/24/18; however, the	F 0610		

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F 0610	Continued From page 11 Administrator identified 18 STNA's and the licensed nursing staff that were not provided with this training. The Administrator verified the improper transfer resulting in a femur fracture for the resident was not reported to her timely until the next day 09/23/18, STNA #98 was not suspended timely until the end of her shift on 09/23/18 at 7:07 P.M., and the nursing staff training was not completed. The Administrator verified the incident was not reported to the state agency as a Self Reported Incident (SRI) for potential mistreatment that resulted in a fracture for Resident #1 and there was no staff training related to the abuse policy following this incident. . Review of the policy titled "Abuse:Abuse Reporting Policy and Procedure" dated 01/01/16 revealed any person having knowledge of potential mistreatment, abuse, or neglect of a resident was responsible for reporting the incident to the Administrator. The Administrator reported the concern to the state agency within 24 hours and results of the investigation within five days. The investigation included appropriate corrective action such as staff training. The staff was immediately suspended during the investigation to protect resident from further harm. This deficiency is based on incidental findings discovered during the course of this complaint investigation.	F 0610		

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F 0689 SS=G	483.25(d)(1)(2) Free of Accident Hazards/Supervision/Devices §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This STANDARD is not met as evidenced by: Based on medical record review, observation, staff interview, review of a personnel file and and policy review, the facility failed to provide a resident with a mechanical lift (hoyer) transfer per the residents care plan. This resulted in Actual Harm when Resident #1 was transferred without the mechanical lift (hoyer) and the resident subsequently sustained a right femur fracture. This affected one (#1) out of three residents reviewed for accidents. The facility identified 14 residents requiring a mechanical lift for transfers with a total census of 77. Findings include: Review of the Resident #1's medical record revealed the resident was admitted 01/16/16. Diagnoses include Alzheimer's disease, hypertension, glaucoma and degenerative joint disease.	F 0689	On 10-11-18, RNs, LPNs and STNAs were in-serviced by the Administrator on the Abuse policy, Transfer/Lift Policy and following care plans related to providing proper care and services to the resident. On 10/11/2018 Residents were interviewed by the administrator for abuse, neglect and misappropriation with no incidental findings. All residents with a bims score < 7 received a head to toe assessment by the Don/designee on 10/11/2018 with no incidental observations. Resident #1 was assessed by the Don designee on 10/11/2018 to ensure that care and services were delivered according to care plan with no incidental findings. On 10/11/2018 all residents were assessed for adverse outcomes by the Don designee r/t transfers and none were observed. Audits will be conducted weekly by the DON or designee 1 x week for 4 weeks to ensure all residents are care planned appropriately for transfers and observation that residents are being transferred with an adequate amount of assistance.	11/02/2018

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F 0689	Continued From page 13 Review of the Minimum Data Set (MDS) assessment dated 09/09/18 revealed the resident had severely impaired cognition, was totally dependent on two staff for transfers, did not ambulate and had no recent falls. Review of the resident's care plan revealed a mechanical lift (hoyer) was initiated on 12/01/16 for all transfers. Review of the "Resident Care Card" used by the staff revealed the resident was totally dependent on staff for hoyer transfers. Review of the progress note dated 09/22/18 at 12:42 P.M. revealed Licensed Practical Nurse (LPN) #99's was informed that while Resident #1 was transferred from her bed to her wheelchair, the resident's right leg was bent backwards and she sat on her leg. The physician was notified and ordered an X-ray of the leg. The resident's daughter who was her power of attorney (POA) and Registered Nurse (RN) #97 who was the former Director of Nursing (DON) were also notified. The X ray result revealed a right distal femur fracture and the resident went to the hospital the morning of 09/23/18. Review of the hospital notes revealed the resident was treated with intravenous narcotic (morphine) due to a closed fracture of the right femur and leg splinted in a position of comfort. The resident returned to the facility on 09/24/18 with	F 0689		

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F 0689	Continued From page 14 new physician orders for a low air loss mattress, and medications including an antianxiety (ativan) at 0.5 milligrams (mg) every six hours as needed and two narcotics including Morphine Sulfate (MS) Contin at 15 mg twice per day and Norco 5-325 mg one tablet every six hours as needed. Observation of Resident #1 on 10/10/18 at 9:15 A.M. revealed she was sitting up in her bed and appeared clean and comfortable with a splint on her right leg. This resident was not able to provide any information to the surveyor due to her confusion. Interview with the Administrator on 10/10/18 at 12:30 P.M. verified on 09/22/18 at 11:30 A.M. STNA #98 completed an improper transfer by herself with Resident #1 without using the mechanical lift as required. This was an isolated accident that resulted in a right femur fracture for the resident. On 10/10/18 at 2:00 P.M. the surveyor attempted to contact STNA #98 on the phone and the mailbox was full. Review of the employee file for State Tested Nursing Assistant (STNA) #98 revealed a hire date of 07/20/16 and was in good standings with the nurse aide registry. Review of STNA #98's personnel file revealed evidence of a competency	F 0689		

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name of provider or supplier	street address, city, state, zip code
HOSPITALITY CENTER FOR REHABILITATION AND HEALING	1301 NORTH MONROE DRIVE XENIA OH, 45385

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BEPRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETIO N
F 0689	Continued From page 15 evaluation for the use of the mechanical lift completed dated 12/01/16 by a nurse indicating this STNA met the criteria for completing appropriate two staff transfers with residents using the mechanical lift with both STNA #98 and nurse signing off on this competency evaluation. Review of STNA #98's statement related to the incident revealed she "picked up the resident to do a one person pivot transfer from the bed to the wheelchair and accidentally sat the resident down on top of her leg". Review of the policy titled "Lifts- Sit to Stand and Passive Sling Style (hoyer)" revised 08/2014 revealed the passive swing style lift (hoyer) may be used by two staff for a resident who was unable to assist with transfers. This deficiency substantiates Complaint Number OH00100305.	F 0689		